

DRAFT

Original - Prosecutor
1st copy - Defendant
2nd copy - Forensic analyst

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	CERTIFICATE REGARDING FORENSIC REPORT	CASE NO.
ORI MI-	Court address	Court telephone no.

<input type="checkbox"/> The State of Michigan THE PEOPLE OF <input type="checkbox"/> _____ _____
--

v

Defendant, address, and telephone no.		
CTN	SID	DOB

- I, _____, am a forensic analyst and I certify that
Name (type or print)
1. I conducted analysis on a forensic sample for the defendant on _____
Date
 2. I am qualified by education, training, and experience to perform the forensic analysis.
 3. The forensic analysis was performed at _____
Name of laboratory
located at _____
Address City State Zip
 4. Performing the forensic analysis is part of my regular duties.
 5. The tests were performed under industry-approved procedures or standards, and the report accurately reflects my findings and opinions regarding the results of those tests or analysis.

Date

Signature of forensic analyst

Address

City, state, zip Telephone no.